


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 039 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L01000019648</b><br>1. Entity Name<br><b>MS. UNDERSTOOD PRODUCTIONS L.L.C.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>2742 BISCAYNE BLVD.<br/>MIAMI, FL 33137</b>   |  |  | Mailing Address<br><b>2742 BISCAYNE BLVD.<br/>MIAMI, FL 33137</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |   |  |
| City & State<br><br>Zip      Country  |  | City & State<br><br>Zip      Country                         |   | 4. FEI Number<br><b>90-0002479</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CHIRINO, NICOLLE M<br/>2742 BISCAYNE BLVD.<br/>MIAMI, FL 33137</b>   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>CHIRINO, NICOLLE M<br/>2742 BISCAYNE BLVD.<br/>MIAMI, FL 33137</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>H. Williams</i>  |  |  | Date      Daytime Phone #   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date      Daytime Phone #   |   |  |

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02232005    Chg-LLC    CR2E083 (10/03)

4. FEI Number  
**90-0002479**

5. Certificate of Status Desired    ☐    **\$5.00** Additional Fee Required

CHIRINO, NICOLLE M  
2742 BISCAYNE BLVD.  
MIAMI, FL 33137

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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**SIGNATURE:** *H. Williams*

Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #